

PTO/SB/52 (04-05)
Approved for use through 04/30/2007 OMB 0651-0033
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional) 368-011C
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I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: Purdue Research Foundation

and the title of my position with said assignee is: Investment Officer & Corporate Secretary

The entire title to the patent identified below is vested in said assignee.

Inventor Kinam Park	Citizenship USA
Residence/Mailing Address 455 Lagrange St., West Lafayette, IN 47906	
Inventor Jun Chen	Citizenship China
Residence/Mailing Address 2058 Maple Ave., Apt. J1-9, Hatfield, PA 19440	

☒ Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number 6,271,278	Date of Patent Issued August 7, 2001
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I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

Hydrogel Composites and Superporous Hydrogel Composites Having Fast Swelling, High Mechanical Strength and Superabsorbent Properties

the specification of which

☐ is attached hereto.

☒ was filed on March 22, 2004 as reissue application number 10 , 807,227
and was amended on March 22, 2004
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

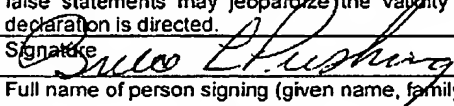
[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/52 (04-05)
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (Optional) 368-011C																				
<p>At least one error upon which reissue is based is described as follows:</p> <p>Failure to make reference in the first sentence of the specification to a prior copending application renders the original patent wholly or partly inoperative or invalid because priority under 35 U.S.C. 120 was not adequately claimed.</p> <p style="text-align: center;">(Attach additional sheets, if needed.)</p>																					
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners associated with Customer Number: 23511</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%;">Name</th><th style="width: 50%;">Registration Number</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Name	Registration Number																		
Name	Registration Number																				
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>																					
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: 23511</p> <p style="text-align: center;">OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><input type="checkbox"/> Firm or Individual Name</td><td colspan="3"> </td></tr><tr><td>Address</td><td colspan="3"> </td></tr><tr><td>City</td><td>State</td><td>Zip</td><td> </td></tr><tr><td>Country</td><td colspan="3"> </td></tr><tr><td>Telephone</td><td> </td><td>Email</td><td> </td></tr></table>		<input type="checkbox"/> Firm or Individual Name				Address				City	State	Zip		Country				Telephone		Email	
<input type="checkbox"/> Firm or Individual Name																					
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Country																					
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																					
Signature 	Date 10/19/05																				
Full name of person signing (given name, family name) Bruce L. Pershing																					
Address of Assignee 3000 Kent Ave., West Lafayette, IN 47906																					

[Page 2 of 2]

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number 368-011C
Inventor Haesun Park	Citizenship Republic of Korea
Residence Address 455 Lagrange St., West Lafayette, IN 47906	

Attachment to form PTO/SB/52